

(PLEASE PRINT OR TYPE)

IDENTIFICATION SECTION									
1	IF YOU HAVE A STATE TAXPAYER IDENTIFIER (STI), ENTER HERE:								
2	REASON FOR APPLICATION				<input type="checkbox"/> New Business <input type="checkbox"/> Additional Tax Registration				
	<input type="checkbox"/> Application for a Master Number (4 or more Locations) <input type="checkbox"/> Change in Ownership Structure <input type="checkbox"/> Change in Alcohol License*								
	<input type="checkbox"/> Change in Location Address (Alcohol Only)* <input type="checkbox"/> New Location for a Master Sales Tax Account				Master Sales Tax Number :				
3	FOR WHICH OF THE FOLLOWING ARE YOU APPLYING?								
	<input type="checkbox"/> Sales and Use Tax <input type="checkbox"/> Alcohol License * <input type="checkbox"/> Motor Fuel Distributor *				<input type="checkbox"/> Withholding Tax <input type="checkbox"/> Amusement License * <input type="checkbox"/> e-File/e-Pay Bulk Filer Registration		<input type="checkbox"/> Non-Resident Distribution <input type="checkbox"/> Tobacco License*		
Applications with an asterisk (*) require an additional application – See instructions for details (If your business is a Sole Proprietorship – Your Name is the Legal Business Name)									
4	LEGAL BUSINESS NAME								
5	TRADE NAME / DBA NAME								
6	TYPE OF OWNERSHIP				<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter S Corp.		<input type="checkbox"/> County Government <input type="checkbox"/> Municipality <input type="checkbox"/> Professional Association		<input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency <input type="checkbox"/> LLC
	<input type="checkbox"/> Estate <input type="checkbox"/> Fiduciary <input type="checkbox"/> Corporation				State of Inc. _____ Date of Incorporation ____/____/____				
7	IF THE BUSINESS LISTED ABOVE HAS A "Federal Employer ID" NUMBER, ENTER HERE:								
8	IF SEASONAL BUSINESS, STATE MONTHS BUSINESS WILL BE OPEN:						Begin	Thru	
9	WHAT IS THE LAST MONTH AND DAY OF YOUR ACCOUNTING YEAR:						Month	Day	
10	Which ACCOUNTING METHOD WILL YOU USE?				<input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis				
11	IF THIS APPLICATION IS FOR A BUSINESS YOU PURCHASED, PROVIDE THE FOLLOWING INFORMATION REGARDING THE FORMER OWNER, IF KNOWN.								
	Legal Business Name					State Tax Identifier:			
	Georgia Sales Tax Number:			Georgia Withholding Tax Number:			Alcohol License:		
ADDRESS SECTION									
12	PHYSICAL LOCATION ADDRESS, NUMBER AND STREET, SUITE/APARTMENT NUMBER (YOU CANNOT use a P.O. Box) USING A POST OFFICE BOX FOR THIS ADDRESS WILL DELAY PROCESSING OF THIS APPLICATION. NUMBER AND STREET ADDRESS								
	CITY		STATE		ZIP CODE		COUNTY		COUNTRY
13	PHONE		FAX			E-MAIL			
14	IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITS?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTE: To have correspondence and reporting forms sent to separate addresses, please complete Lines 15 and 16 and indicate the related tax type(s) for each. To list additional mailing addresses use Form CRF-003.									
15	MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION ADDRESS ON LINE 12 ABOVE. (Please identify tax type(s) to be mailed to the address below.)								
A	<input type="checkbox"/> Sales and Use <input type="checkbox"/> Withholding <input type="checkbox"/> Amusement <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Motor Fuel Distributor								
B	ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)					E-MAIL ADDRESS			
C	NUMBER AND STREET, P. O. BOX or RFD NO.								
D	CITY		STATE		ZIP CODE		COUNTY		COUNTRY
E	PHONE				FAX				
16	ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) to be mailed to the address below.)								
A	<input type="checkbox"/> Sales and Use <input type="checkbox"/> Withholding <input type="checkbox"/> Amusement <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Motor Fuel Distributor								
B	ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)					E-MAIL ADDRESS			
C	NUMBER AND STREET, P. O. BOX or RFD NO.								
D	CITY		STATE		ZIP CODE		COUNTY		COUNTRY
E	PHONE				FAX				

(Please Read Instructions Before Completing)

OWNERSHIP / RELATIONSHIP SECTION

(This section MUST be completed for your application to be accepted.)

17	CHECK ALL THAT APPLY	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Tobacco Licensee <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Alcohol Licensee	EFFECTIVE DATE <u> </u> / <u> </u> / <u> </u>
A	BUSINESS NAME	STI or LICENSE NO. (If Applicable)	
B	GA SALES TAX NO. (If Applicable)	GA WITHHOLDING TAX NO. (If Applicable)	
C	LAST NAME	FIRST	M.I. TITLE
	SOCIAL SECURITY NUMBER	Application will not be processed unless the social security number of an owner, officers, managing members or both partners is included. Reg. 560-1-1.18	
D	ADDRESS		
E	CITY	STATE	ZIP COUNTY COUNTRY PHONE

18	CHECK ALL THAT APPLY	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Tobacco Licensee <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Alcohol Licensee	EFFECTIVE DATE <u> </u> / <u> </u> / <u> </u>
A	BUSINESS NAME	STI or LICENSE NO. (If Applicable)	
B	GA SALES TAX NO. (If Applicable)	GA WITHHOLDING TAX NO. (If Applicable)	
C	LAST NAME	FIRST	M.I. TITLE
	SOCIAL SECURITY NUMBER	Application will not be processed unless the social security number of an owner, officers, managing members or both partners is included. Reg. 560-1-1.18	
D	ADDRESS		
E	CITY	STATE	ZIP COUNTY COUNTRY PHONE

(TO REPORT ADDITIONAL RELATIONSHIPS, USE FORM CRF-004)

SALES AND USE TAX SECTION

19	NATURE OF BUSINESS (If combination of two or more, list approximate percentages of receipts. Must equal 100%.) <input type="checkbox"/> Retail % <input type="checkbox"/> Manufacturing % <input type="checkbox"/> Services (Specify) % _____ <input type="checkbox"/> Wholesale % <input type="checkbox"/> Construction % <input type="checkbox"/> Other (Specify) % _____	
20	WHAT KIND OF BUSINESS WILL YOU OPERATE? (Be specific as to the product sold or service provided.)	
21	DO YOU EXPECT TO REMIT MORE THAN \$200 PER MONTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	WILL YOU SELL ALCOHOLIC BEVERAGES?	<input type="checkbox"/> Yes ** <input type="checkbox"/> No ** Additional Forms Required
23	WILL YOU SELL RETAIL TOBACCO PRODUCTS?	<input type="checkbox"/> Yes ** <input type="checkbox"/> No ** Additional Forms Required
24	WILL YOU SELL GASOLINE AND/OR MOTOR FUEL? If "Yes", please specify the name of the dealer responsible for paying the tax on gasoline and/or motor fuel sales, if other than yourself. NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No SALES TAX NO.
25	WHEN DID OR WILL YOU START SELLING OR PURCHASING ITEMS SUBJECT TO SALES TAX? Date / /	
	WILL YOU HAVE EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26	If "Yes", complete the following WITHHOLDING TAX SECTION. If "No", stop here and complete the SIGNATURE SECTION.	
WITHHOLDING TAX SECTION		
27	WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES? <input type="checkbox"/> Applicant or Payroll Service Bureau <input type="checkbox"/> Other If "Other", list the name and GA. Withholding No. of the business responsible for paying these taxes. NAME GA. WITHHOLDING TAX NO.	
28	DO YOU EXPECT TO WITHHOLD MORE THAN \$200 PER MONTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	HOW MANY EMPLOYEES DOES THIS BUSINESS HAVE OR WILL HAVE?	
30	DATE ON WHICH WAGES WERE OR WILL FIRST BE PAID?	

SIGNATURE SECTION

I HAVE EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT

Signature

Title

Date

**MUST BE SIGNED BY OWNER, PARTNER, MANAGING MEMBER, OR
CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION (17 OR 18) ABOVE.**